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7590

01/05/2004

McGinn & Gibb, PLLC
Suite 200
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Vienna, VA 22182-3817



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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/067,766	02/08/2002	Keisuke Kubota	H07-138422M/NHK	6737

TITLE OF INVENTION: PRINT CONTROL METHOD OF ELECTROPHOTOGRAPH AND IMAGE FORMATION APPARATUS WITH POTENTIAL SENSOR USING THE METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	04/05/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEE, SUSAN SHUK YIN	2852	399-048000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 McGinn & Gibb, PLLC

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Hitachi Printing Solutions, Ltd.

Ebina-City, Kanagawa-Pref., JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 5☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 50-0481 (enclose an extra copy of this form).

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34,386 03/22/04

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03/23/2004 LWONDIM2 00000187 10067766

01 FC:1501
02 FC:1504
03 FC:8001

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